

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | T.G.     |        | 4/3      |
| O.I.P.E. CLASSIFIER       | NW       | 32     | 4/24     |
| FORMALITY REVIEW          | H.S.     | 86.6   | 05-09-01 |
| RESPONSE FORMALITY REVIEW | SS       | 573    | 09-06-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

L.L.  
 05/09/01  
 J.C. 09/06/01